

Maple Tree Childcare Center Emergency Card

General information:

Child's name:	Date of birth:
Parent's names:	Home phone:
Mother's cell phone number: Work number:	Father's cell phone number: Work number:
Mother's email address:	Father's email address:
Street address:	City, State, Zip:

Please list two local individuals who are authorized to drop off and pick up your child and to be contacted in emergency if parents are unavailable:

Name and full address:	Phone numbers:	Relationship to child:

Medical information:

Doctor's name:	Clinic name and address:	Doctor's phone number:

Dentist's name:	Dental office name and address:	Dentist's phone number:

Significant medical history:
Are your child's immunizations up to date? Yes No If not, give explanation:

Allergies:

List anyone NOT authorized to have contact with your child:

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Signature of parent/guardian _____ Date _____